Department for Education

Feasibility Study: Evaluation of the Doncaster Family Hub Model

Technical report

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Government Social Research

Contents

List of tables 3
Executive summary 4
Work package 1: Implementation and Performance Evaluation 4
Work package 2: Outcomes and Impact Evaluation 4
Work package 3: Value for Money Evaluation 5
Introduction 6
Aim 6
Methodology outline 7
Local Authorities Overview 9
Model of Provision 9
How is this model expected to lead to positive outcomes for services and families? 9
Overarching project-level evaluation 10
Individual LA Theory of Change 28
Key Milestones 28
Appendices 30
Appendix 1: The Theory of Change approach 30
Appendix 2: Outcomes Data; Table A2.1: Doncaster interventions and core indicators 32

List of tables

Table 1: Mapping Research Questions to Methods 8

Table 2: Key Services engaged in supporting DMBC Family hubs 11

Table 3: Possible data collection methods – Hub case studies 14

Table 4: Impact Framework 18

Executive summary

This is the design stage of a three year project, commissioned through the government's Family Hubs Evaluation Innovation Fund, with subsequent reports and other publications arising from this. This is one of two projects funded through this fund (the other, run by Ecorys, has a feasibility study report published alongside this one). The overall requirement was for both Sheffield Hallam University and Ecorys to work in partnership with named family hubs to evaluate the service implementation and performance, outcomes and impacts, and value for money of family hubs. This project focuses on the Family Hub model in Doncaster Metropolitan Borough Council (DMBC). Doncaster was chosen as offering a well-developed Family Hubs with a locality-based model. The evaluation study will be delivered through three broad work packages (WPs), as outlined below. These have been developed in consultation with Doncaster Family Hubs drawing on the Theory of Change and Impact evaluation workshops held over the summer in 2020. Table 1 on p7 summarises the key research questions, mapping them to the three work packages. We include a work plan and Theory of Change diagram (p26) relating to these packages in the body of this document.

Work package 1: Implementation and Performance Evaluation

Including:

i. Strategic stakeholder level data gathering (DMBC overarching strategic leads, Family Hub managers and coordinators, leads from key service areas).

ii. Analysis of Administrative and secondary data – to understand patterns of referral, engagement, and service delivery across the Family Hubs sites. This data will also inform assessments of implementation and progress in the case study sites.

iii. 12 case studies of Family Hub sites, identified through a purposive sampling approach and in consultation with DMBC.

iv. Service-user survey.

Work package 2: Outcomes and Impact Evaluation

There are three broad stages to the outcomes and impact evaluation:

- Establish a Monitoring and Evaluation Framework (MEF) and plan
- Assess the gross outcomes change that has occurred to users as well as wider stakeholders and services, based on the MEF and plan

- Assess the contribution of the Family Hubs to the observed gross outcomes, applying approaches set out in the MEF and plan

The scoping phase explored the key projects at the Family Hubs and the indicators currently used to monitor their progress and outcomes (see Table 4).

Work package 3: Value for Money Evaluation

Drawing on Work package 2, using a methodology detailed in the main body of the text.

Introduction

The start up phase, leading to this report, involved a range of data gathering. Firstly the team drew together desk evidence (local documentation, evaluation, and relevant local data) and had an initial open discussion with key DMBC leads to design two Theory of Change workshops to underpin the evaluation, and help structure the implementation and performance evaluation.

The first workshop involved the core DMBC team; the second involved a wider group of stakeholders, brokered by DMBC. An initial Theory of Change (see below) was developed, and this was followed up by a series of discussions focussing on outcome measures, to inform the impact evaluation.

Aim

The project aim is to evaluate service implementation and performance, outcomes and impacts, and value for money of the Doncaster Metropolitan Borough (DMBC) Family Hubs model, in partnership with DMBC. We will utilise a tried and tested theory of change logic model-based evaluation, using principles of theory-based evaluation to do so.

We have three broad **Research Questions**, aligning to the three key work packages, with sub questions as follows:

1. How effective is the model for implementation of Family Hubs in Doncaster MBC from the perspective of service users and those delivering the services? [Addressed mainly via WP1]

    a. How effective is the governance, leadership, management, delivery and evaluation of services?

    b. What is the service offer in DMBC Family Hubs, and how integrated is it?

    c. What is the reach and engagement of the offer for service users, including those most in need of support?

    d. What needs analysis approaches are used and how effective are they?

2. What are the outcomes of the Family Hubs model for service users, public services and the local community and economy of Doncaster? [Addressed mainly via WP2, partly via WP1]

    a. What are the outcomes for service users (including those most in need) in relation to key outcomes expected of the Family Hubs (to be agreed in initial

stages but likely to include heath, development wellbeing, educational outcomes, potentially employment and pro-social behaviour)?

   b. What are the outcomes for public services of the Family Hubs in Doncaster?

   c. What are the impacts on the broader community and economy of Doncaster?

3. What is the value for money of the Doncaster MBC model? [Addressed via WP3]

And an explanatory sub-question that will be addressed via all three work packages:

4. What are the factors influencing the effectiveness, outcomes, and value for money of the DMBC model?

Methodology outline

The three work packages are designed to meet the research questions, outlined in Table 1 below, and detailed in subsequent sections.

Table 1: Mapping Research Questions to Methods

Research Question	Implementation and Performance				Impact	VFM
	Stakeholders	Admin Data	Case Studies	Service User data		
1. How effective is the FH implementation model?						
a. How effective is the leadership and delivery of services?	✓		✓	✓		
b. What is the service offer, and how integrated is it?	✓		✓	✓		
c. What is the reach and engagement of the offer?		✓				
d. What needs analysis approaches are used and how effective are they?	✓	✓	✓			
2. What are the outcomes of the FH model?						
a. What are the outcomes for service users?		✓		✓	✓	
b. What are the outcomes for public services?	✓	✓			✓	
c. What are the broader impacts on the broader community and economy?		✓	✓		✓	
3. What is the value for money of the model?						✓
4. What are the factors influencing success?	✓		✓	✓		

Local Authorities Overview

Model of Provision

Doncaster Metropolitan Borough Council (DMBC) provides strategic oversight and management of the hubs, evaluating performance and analysing a range of data, and brokering other services and resources. The model is part of a wider shift in DMBC to a locality-based model, with other services coterminous. Alongside this, there is a developing 'Local Solutions Group' model involving service representatives to look at specific issues facing vulnerable families/people, with a remit beyond the Family Hubs focus. The model used is a locality based one. There are four Family Hub managers who each work across a locality [North, East, South, Central].

The Family Hub manager is a key role. Their role is to develop the service offer based on the need of their communities. They are responsible for the management of the family hub buildings and manage a small leadership team including the family hub coordinators and the early years coordinators, who in turn manage the early years development workers. The family hub managers safeguard and supervise the parent engagement workers and the young carers workers in each of the localities. They build partnerships with families in the locality, having a handle on who is there, they attend the Local Solutions Groups and they collate information about their communities.

In each locality the family hub coordinator manages a business support team. They manage data, the budgets, make sure the data is current, and analyse it along with the family hub managers.

There are currently three Hub buildings in each area, with spokes or 'nodes' outwards, with the longer-term intention to extend the use of additional nodes. The Family Hub managers work flexibly across the buildings; but the buildings are not the hub – as indicated it is a locality model of providing spaces for families to engage in support, but this is flexible.

How is this model expected to lead to positive outcomes for services and families?

The model provides a means of bringing services together under one roof, which aims to help efficient and effective working. In some cases, it provides a home for services with no other base [e.g. health visiting]. This allows the family hubs to provide a range of services flexibly in the four localities, across the three sites and spokes in each. The core offer is based around health and development, employment and childcare, relationship support for family stability and supporting families with complex needs with differences in each area. The largest difference relates to Central, with the other three having more similarities. Central area has a much higher percentage of black, Asian and minority ethnic families than the other areas therefore the core offer has been developed to engage with this diverse community and to meet their needs.

By services working collaboratively, learning from each other and across locales, families are engaged via outreach, word of mouth and cross-referral. They are then provided with

a set of services - statutory services for children ‘open to social care’ – including social care, counselling, young carers support.

Youth activity is delivered by third sector services in some hubs in the evenings.
Services for SEN children at weekends/evenings – respite care [statutory]; social welfare.

The focus is on families of under 5 children, with older children included when they are part of these families and may be passed on to other services.

Overarching project-level evaluation

Work package 1: Implementation and Performance Evaluation

There are four broad elements to the design, which link to WP2 and 3. Each will have two main data gathering phases, aligned to the reporting deadlines (see Timeline, below), subject to agreement with DfE.

A feature of the evaluation is the appointment of co-researcher DMBC to act as an embedded facilitator within the Borough to help organise and set up interviews and focus groups, recruit appropriate professionals and to act as the main point of contact between DMBC and SHU. The co-researcher is an experienced project manager and is able to navigate the DMBC structures effectively and has valuable local knowledge of key contacts and service users. She brings knowledge of Family Hubs operations in the Borough, and is supporting the development of evaluation tools and activities to ensure that they are relevant and practical in the contexts in which they are being applied. This role will be crucial in the successful and smooth running of the IPE part of the evaluation and the gathering of key data for other work packages.

i. **Strategic level data gathering**

Data will be gathered at the strategic level, to understand governance of Family Hubs, support provided to them, the range and integration of services provided, future plans for development and to gain a ‘bird’s eye view’ of the DMBC model and the specifics of each Family Hub. Data gathering will consist of semi-structured interviews with at least 10 strategic level participants. Sampling will be informed by DMBC; at this stage we anticipate this including:

- Interview with DMBC overarching strategic lead/s
- Group interview with Family Hub managers and coordinators [all invited]
- At least 5 individual or group interviews with leads from key service areas – suggestions highlighted with italics in Table 2below.

Table 2: Key Services engaged in supporting DMBC Family hubs

Health	Social care	Adult and family
• *Midwifery, health visiting, school nurses* • *CAMHS* • Perinatal and Infant Mental Health • *Mental health* • *Public health* • Stop smoking • Drugs and alcohol team • Day care settings • Schools • Language services	• Doncaster Children's trust • *Parenting and family support services* • *Family counselling* • *Family group services* • Contact services (family time) • Domestic abuse services	• DWP • *Adult and family learning* • GP • *Early years team* • Communities team • Foodbanks • *Young carers' service* • *Youth services – volunteer led* • National Citizenship • Service • Job Centre plus • Debt Counselling

Strategic stakeholder interviews will take place in Autumn 2021 and late Summer 2022.

ii. **Administrative and secondary data**

A range of output and intermediate outcomes data (see Appendix 2) will be used here in addition to assess progress in relation to implementation and to understand patterns of referral, engagement and service delivery. Data will include:

- Membership access/ sustained engagement
- Footfall data from hubs – all age ranges

This element will both provide valuable data in its own right and support sampling of case study hubs.

Secondly, we will analyse the range of bespoke data available to DMBC for monitoring purposes. Initial discussion with DMBC indicates this is likely to include:

- Case file audits
- Self Evaluation Forms (SEFs) in place
- Council performance data
- Covid specific data being collected on virtual demand/services.

Thirdly, we will examine the following survey data, and – as possible – amend to add questions related to this evaluation. Forms of survey data gathered currently include:

- Annual user satisfaction survey
- Quarterly surveys
- Partners' survey.

Fourth, benchmarking and KPI data (as far as possible, and – as in all cases – subject to data sharing agreement):

- Early help data – case-based;
- Health KPIs – e.g., breast feeding, childhood obesity;
- Integrated review of children's development.

Finally, we will utilise existing analysis undertaken through the South Yorkshire Early Outcomes Project (SYEOP), a collaborative project between Sheffield Hallam University, DMBC and the three other Local Authorities in South Yorkshire. This analysis includes detailed mapping of early years interventions taking place across the region, including those in Doncaster Family Hubs. The elements of this analysis we will utilise include:

- An overview of the range of activities taking place in Doncaster Family Hubs;
- The structure and purpose of interventions with children & families;
- Challenges faced in delivering these interventions.

These data will, as appropriate, also be used in the impact evaluation.

iii. **12 locality-based case studies**

Data from the Strategic level data gathering strand will feed into the main body of the IPE, the creation of 12, mainly hub [building] based case studies, grouped into the four localities, with a small fieldwork team allocated to each locality.

Each case study will collect data in two distinct phases, Winter 2021/22 and Autumn 2022. The selected case study sites will include Family Hubs located in a range of geographical contexts (both urban and rural), and both established and 'pop-up' sites. They will also reflect any differences in service delivery models or in groups targeted. In each case study, research activities will include interviews with practitioners and families/individuals accessing Hub services. Each case will be centred on an area within the locality, with 10 based around Hub buildings, one focussed on the 'pop-up' site in Edlington and one focussed on a rural area in the East of the Borough, distant from a Hub building. The case approach will permit us to:

- Explore the extent to which there is continuity and difference among the four DMBC localities in relation to the Family Hubs, contrasting the 'offer' and service provision in each;
- Assess and contrast the extent to which each locality is able to respond to the particular needs of their community and to understand which family and children's needs are prioritised;
- Recognise how specific challenges and barriers are addressed;
- Gain a rich and nuanced understanding of how each hub [and case area] operates day to day;
- To understand if and why the most disadvantaged and vulnerable families are accessing Hubs;
- Assess the perceived effectiveness and impact of the Family Hub model in each area.

Data collection will consist of observation of practice (where appropriate) in the Family Hubs; analysis of monitoring and other data at hub level; and at least 10 interviews/data collection episodes in each phase across the following stakeholders in each Family Hub case:

- Family Hub Manager and/or Coordinator
- Practitioner/service delivery staff within the Family Hubs
- Practitioners from/services delivery staff linked to the Family Hubs

- Sample of families, children and young people accessing the Hubs.

We will sample a range of families based on the service user population in each area for qualitative work, working with Hubs staff to identify where possible families representing a diversity of needs and characteristics and who are willing to engage with the evaluation. We will encourage participation via direct contact from the DMBC co-researcher and the Family Hubs staff.

We will utilise a range of data collection approaches, summarised in Table 3, below. In each case study, appropriate data collection methods will be agreed with the Hub Manager and/or Co-ordinator depending on the nature of engagement and the needs of the service users.

Data will be written up, part-transcribed and securely stored for analysis. Thematic cross-area and within area [area focussed on locality] analysis will be deployed, using coding themes drawing from the research questions and theory of change, entering data into an excel spreadsheet as a case by theme matrix, allowing both qualitative and quantitative analysis. The thematic analysis will utilise a Framework Analysis (Smith and Davies, 2010)[1] approach - involving gaining an initial overview of the data, building an initial framework drawing on research questions, then detailed coding or charting data according to themes from the framework and finally interpreting the data within the framework.

Table 3: Possible data collection methods – Hub case studies

Method	Brief description	Potential interviewees
Researcher-led interviews/focus groups	Semi-structured face to face/online individual and group discussions	Professionals and practitioners; Families; Service users of Family Hubs
Participatory approaches (Researcher-led)	Workshops, photo-elicitation, group discussions	Service users
Practitioner-led interviews	Interviews conducted by practitioners and/or DMBC co-researcher	Service users

[1] Smith, K. & Davies, J., (2010). Qualitative data analysis In: L. Dahlberg & C. McCaig, eds. *Practical Research and Evaluation* (145-159). London: Sage Publications.

Listening Rooms (Peer research)	Peer to peer discussions, recorded and analysed by researchers	Professionals; Service users

iv. **Service User Survey:**

This element of the IPE will provide a broad picture of experiences and outcomes of families. The survey will be integrated with current evaluation surveys conducted in the Family Hubs, to fill key gaps between the ToC and existing data collection, particularly where quantitative data is required. The survey will be co-designed with DMBC and will include service satisfaction and well-being measures and progression outcomes, enabling the evaluation to identify more immediate effects of the Family Hubs and hypothesise about the longer-term impacts based on the logic model/ToC.

The survey will use a 100% sample approach, as far as possible, drawing on DMBC contacts utilising already existing survey tools. We will work with the Family Hubs practitioners and the co-researcher to encourage participation amongst service users. We will monitor survey response rate to identify any patterns in responding, including bias. We would then use a targeted approach to follow-ups to improve response rates from underrepresented groups.

Work package 2: Outcomes and Impact Evaluation

The Outcomes and Impact Evaluation will provide a robust and rigorous assessment of the effects – both intended and unintended – of the Family Hubs on their users, as well as wider stakeholders and services. The results from the assessment will be provided in the interim and final reports, as well as being used to underpin the Value for Money Section below. There are three broad stages to the outcomes and impact evaluation:

- Establish a Monitoring and Evaluation Framework and plan
- Assess the gross outcomes change that has occurred to users as well as wider stakeholders and services, based on the Monitoring and Evaluation Framework and plan
- Assess the contribution of the Family Hubs to the observed gross outcomes, applying approaches set out in the Monitoring and Evaluation Framework and plan.

This evaluation planning phase focused on the first of these stages: establishing working Monitoring and Evaluation Framework. The Monitoring and Evaluation Framework sets out:

- The indicators that are used to measure the progress and success: inputs/activities, activities, outputs, outcomes
- The methods that will be used to measure these indicators
- The methods to assess the contribution of the Family Hubs.

The logic models below and in Appendix 1 provide a framework to identify the indicators that need to be collected from the Family Hubs to ensure a comprehensive assessment of impact and value for money. The data to be collected for the analysis includes:

- **Cost / inputs**: the overall resources used to provide the Family Hubs including mapping out and valuing any levered in/in-kind support
- **Activity / output** measures; measures of the numbers benefiting from the Family Hubs and particular interventions to enable the evaluation to assess the unit cost of provision (cost efficiency) as well as evaluating which interventions are most effective/cost effective at producing outcomes
- **Individual and place level contextual, mediating, moderating and enabling factors** which may affect the level of outcomes achieved; for instance: age, ethnicity, baseline use of services, local level of deprivation, urban/rural context
- **Outcomes** that participants may achieve as a result of the intervention; for instance: need educational, health and wellbeing outcomes.

The scoping phase explored the key projects at the Family Hubs and the indicators currently used to monitor their progress and outcomes. These are summarised in the Table A2.1 in Appendix 2, and grouped into the four themes that DMBC uses to cluster Family Hub activity (Health and wellbeing, Employment Support & Childcare, Supporting Family Stability and Supporting Families with Complex Needs) and the delivery model used (core delivered by DMBC, Delivered by partners at the Family Hubs, Signposted from the Family Hubs and delivered by other users of the Family Hubs).

Drawing on this information the evaluation has developed an extended framework of potential indicators to reflect further the breadth of activity taking place in the Family Hubs. This framework captures the following types of indicators to facilitate a comprehensive impact and cost benefit analysis evaluation: costs and inputs; activity and outcomes; outcomes and impacts. The framework's indicators have been chosen to evidence both the key longer-term local authority and ward level impacts as well as beneficiary outcomes that are likely to emerge in the short and medium term. The potential indicators have also been identified based on their importance to the cost benefit analysis. Table 4 also provides the likely source of indicators and the level at which data will be collected. Note, the final column refers to the proposed method for

assessing the contribution, or additionality, of the Family Hubs, which is explained in the next sub-section.

The next stage of development will seek to validate and refine this list of potential indicators with DMBC to ensure:

- Indicators are, and remain, relevant to the LA.
- That the necessary permissions and processes are in place to access the data via the suggested or alternative route.
- To identify a sub-set of core indicators which are strategically important to DMBC and most relevant to Family Hub interventions/support.

Table 4: Impact Framework

Type	Potential indicators	Likely source	Level	Additionality
Cost/ Inputs	Total direct funding	DMBC/ FH	DMBC	Theory based
	Additional funding levered in by source	DMBC/ FH	DMBC	Theory based
	Additional time and resources donated	DMBC/ FH	DMBC	Theory based
	Total costs	DMBC/ FH	DMBC	Theory based
	Capital costs (by type)	DMBC/ FH	DMBC	Theory based
	Staffing costs by type of activity (set up; management; operative/delivery; monitoring/evaluation and other) and grade (managerial/leader; supervisor/middle manager; frontline delivery; admin/support/other; temp/agency)	DMBC/ FH	DMBC	Theory based
	Set up cost (by type)	DMBC/ FH	DMBC	Theory based
	Operative costs (by type)	DMBC/ FH	DMBC	Theory based
	Monitoring costs (by type)	DMBC/ FH	DMBC	Theory based
	Other costs (by type)	DMBC/ FH	DMBC	Theory based
	Staffing numbers (average FTE per month) by type of activity (set up, management, operative/delivery and monitoring/evaluation) and grade (managerial/leader; supervisor/middle manager; frontline delivery; admin/support/other; temp/agency)	DMBC/ FH	DMBC	Theory based

Activity/ Outputs	Access and engagement by target groups	DMBC/ FH	Family Hub	Theory based
	Number of contacts	DMBC/ FH	Family Hub	Theory based
	Number of signposts carried out	DMBC/ FH	Family Hub	Theory based
	Number of open cases	DMBC/ FH	Family Hub	Theory based
	Number of successful contacts under the theme areas	DMBC/ FH	Family Hub	Theory based
	Social media reach and feedback	DMBC/ FH	Family Hub	Theory based
	Observations of children are recorded in planning files	DMBC/ FH	Family Hub	Theory based
	Number of partners	DMBC/ FH	Family Hub	Theory based
	Consultations	DMBC/ FH	Family Hub	Theory based
Outcomes/ Impacts	Outcome star	DMBC/ FH	Family Hub user	Theory based
	Signs of Impact Cards	DMBC/ FH	Family Hub user/ group	Theory based
	Satisfaction	DMBC FH survey	Family Hub user	Theory based
	Meeting UNICEF standards in both external and internal audits	DMBC/ FH	DMBC	Theory based
	Young carers	DMBC/ FH	DMBC	Theory based
	School Attendance and unauthorised absence	NPD	Family Hub user	Matched sample
	School Exclusions	NPD	Family Hub user	Matched sample
	SEN	NPD	Family Hub user	Matched sample

Outcomes/ Impacts	FSM	NPD	Family Hub user	Matched sample
	Number of those eligible who take up funded childcare	DMBC/ FH	Family Hub user	Theory based
	Children achieving a good level of development at the end of reception	NPD	Family Hub user	Matched sample
	KS2 attainment	NPD	Family Hub user	Matched sample
	GCSE attainment: attainment 8 score	NPD	Family Hub user	Matched sample
	GCSE attainment: attainment 8 score of children in care	NPD	Family Hub user	Matched sample
	A-Level attainment	NPD	Family Hub user	Matched sample
	Applied general vocational qualifications	NPD	Family Hub user	Matched sample
	16-17-year-olds not in education, employment or training (NEET)	DMBC	DMBC	Nearest neighbour area(s)
	Children in relative low income families (under 16s)	DWP benefits	DMBC	Nearest neighbour area(s)
	Households with children homeless or at risk of homelessness	DMBC	DMBC	Nearest neighbour area(s)
	Children in care	NPD	Family Hub user	Matched sample
	Low birth weight of term babies	DMBC	DMBC (FH user – TBC)	Nearest neighbour area(s)
	Smoking status at time of delivery	DMBC	DMBC (FH user – TBC)	Nearest neighbour area(s)

Outcomes/ Impacts	Baby's first feed breastmilk	DMBC	DMBC (FH user – TBC)	Nearest neighbour area(s)
	Breastfeeding prevalence at 6-8 weeks after birth	DMBC	DMBC (FH user – TBC)	Nearest neighbour area(s)
	Prevalence of obesity (4-5 years)	Office for Health Improvement and Disparities	Ward	Nearest neighbour area(s)
	Prevalence of obesity (10-11 years)	Office for Health Improvement and Disparities	Ward	Nearest neighbour area(s)
	Children with experience of visually obvious dental decay (5 years)	DMBC	DMBC (FH user – TBC)	Nearest neighbour area(s)
	First time entrants to the youth justice system	DMBC	DMBC	Nearest neighbour area(s)
	Admission episodes for alcohol-specific conditions – Under 18s	HES/ DMBC	DMBC (FH user – TBC)	Nearest neighbour area(s)
	Hospital admissions due to substance misuse (15-24 years)	HES/ DMBC	DMBC (FH user – TBC)	Nearest neighbour area(s)
	Under 18s conception rate / 1,000	HES/ DMBC	DMBC (FH user – TBC)	Nearest neighbour area(s)
	Hospital admissions for mental health conditions	HES/ DMBC	DMBC (FH user – TBC)	Nearest neighbour area(s)

	Children in Need	Doncaster Children's Services Trust	Family Hub user	Nearest neighbour area(s)

Assessing additionality

A key challenge for the evaluation is to determine the attribution of outcome change to Family Hub interventions: outcomes over and above what would have happened in the absence of the Family Hubs. This is particularly important in the context of Covid-19 where the lasting social, economic and health effects of the pandemic mean current baseline situations are an unreliable counterfactual. For example, maintaining the current levels of educational attainment may represent a positive outcome compared to what is happening in similar locations without Family Hubs.

The evaluation aims to apply methods which provide the highest level of evidence in assessing the contribution (additionality) of the Family Hubs. Various scales of grading methods have been created, including the Maryland Scientific Methods Scale[2], EEF's 'padlock rating'[3] and Nesta's Standards of Evidence Framework[4]. In common these preference scientific random assignment 'differences in change' approaches higher, followed by comparing change against a matched comparator, with theory based contribution approaches, comparing change and qualitative and self-assessment being viewed as having lower level of rigour.

Access to provision at the Family Hubs in Doncaster is not randomly allocated. Therefore, it is not possible for the evaluation to achieve the highest levels of scientific rigor when assessing additionality. Furthermore a combination of the nature of the outcomes, data availability and cost for additional data collection mean multiple methods will need to be employed to evaluate the contribution of Family Hubs to outcomes. These methods will include the following:

- **Quasi-experimental matched sample analysis undertaken at a beneficiary level for those who have used the Family Hubs.** The advantage of this source is the high degree of methodological rigour and robustness provided in assessing additionality (achieving level 4 on the Maryland Scientific Methods Scale). However the comparison is only available for a limited number of key outcomes where the necessary data are available for 'beneficiaries of Family Hub support'[5] and 'non-beneficiaries' such as achieving a good level of development. For some indicators (such as GCSE achievement) it is worth noting impact is likely to take time to emerge so it may not be observable within the timeframe of the assessment.

- **Area level matched comparator.** Benchmarking change in Doncaster compared to statistically (matched) similar Local Authorities across secondary and

[2] See the following source for a summary of the Maryland Scientific Methods Scale: https://whatworksgrowth.org/resources/the-scientific-maryland-scale
[3] See https://d2tic4wvo1iusb.cloudfront.net/documents/evaluation/peer-review-process/Classifying_the_security_of_EEF_findings_2019.pdf
[4] See https://media.nesta.org.uk/documents/standards_of_evidence.pdf
[5] Identified as part of joining the membership of a Family Hub, or services being delivered. With necessary permissions obtained to access, share and use their data anonymously as part of evaluation activity.

administrative data. This approach provides a high level of scientific rigor. However, again it will only be able to consider a limited number of outcomes for which secondary and administrative data are available. Also because the analysis is at an local authority level the impact of Family Hubs may be ‘watered down’ if it does not engage a high proportion of the relevant population.

- **Qualitative and theory-based contribution assessment** of additionality undertaken as part of in-depth qualitative case study work with Family Hub users. The approach can: facilitate a greater understand of the causes of impact and the 'contamination' from other factors and interventions; and provides a perception of additionality across a wide range of outcome areas. However this approach is less robust because the assessment is made on a lower number of cases and it also has a lower level of scientific rigor. It will not be possible to undertake detailed subgroup analysis to understand variation in additionality across resident groups.

The final column of Table 4 (above) indicates the planned approach that will be taken for each of the indicators. This will be verified and tested during the next stage of development, as indicated in the final bullets of the previous sub-section.

For the interim analysis, the focus will be on understanding the collected data and providing summary statistics. A full analysis will be undertaken in the final report.

Work package 3: Value for Money evaluation

The Value for Money evaluation work package will contribute to each of the five core objectives of the Government Family Hubs Evaluation Innovation Fund. Specifically, the assessment will:

- Evaluate the direct and indirect unit costs of the Family Hubs in Doncaster, to understand to whom cost fall and to assess whether they support beneficiaries at the best cost. Crucially we will compare against a counterfactual situation to assess whether costs are preventative rather than reactive and create capacity in wider systems, such as CAMHS.

- Quantify the average cost of the supporting beneficiaries, and analyse the factors that affect variation in the cost of support.

- Quantify the effectiveness of the Family Hubs in providing outcomes for beneficiaries, including the average cost of producing outcomes. It will also analyse factors that affect variation in the effectiveness of the Family Hubs in providing outcomes for their beneficiaries.

- Seek to value fiscal, financial and societal outcomes provided by the Family Hubs.

- Consider equity in these assessments: whether the Hubs are addressing social and economic disparity.

- Provide evidence for the national assessment of impact and value for money.

Our approach will be informed and consistent with guidance on economic evaluation: the HM Treasury Magenta[6] and Green Books[7] and Value for Money[8] and Additionality[9] Guidance.

The work package will involve three broad phases, which integrate with the other work packages:

- Clarifying the logic model which serves to guide the scope of the analysis and the data to collect.

- Data collection: this will include direct and indirect expenditure, activities and services provided by the Family Hubs, monitoring data about participants as well as mixed method impact and process evaluation evidence, described in the previous section.

- An analytical phase, including: economic evaluation quantifying the fiscal, financial and social impacts, Value for Money and Return on Investment of interventions; econometric analysis to assess what works, for whom and in what circumstances; and contributing to the national assessment of impact and value for money.

The first two phases are explained above. The **analytical phase** will involve the following analysis, undertaken at both the test and learn site level – enabling comparisons between Doncaster's Family Hubs, between Doncaster's four locality areas (North, South, East and West) and for the Hubs combined:

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[6]HM Treasury (2020) Magenta Book: Central Government guidance on evaluation. London. Crown Copyright. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf

[7] HM Treasury (2020) Magenta Book: Central Government guidance on evaluation. London. Crown Copyright. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf

[8] HM Treasury (2018) The Green Book: Central Government Guidance on Appraisal and Evaluation. London. Crown Copyright. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/685903/The_Gree n_Book.pdf

[9] Homes and Communities Agency (2014) Additionality Guide. London. Crown Copyright. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/378177/additionality_guide_2014_full.pdf

1. Quantifying the **inputs** (financial and staff resources): to assess and compare the full cost of providing Family Hubs; to assess the wider cost for other stakeholders (how successful the project has been at levering in additional support); and to assess Economy; the extent to which the expenditure represents a better use of money and minimum cost for the inputs of the required quality. A key consideration in this assessment will also be the degree to which costs represent a better use of inputs for example creating capacity in services and represent changes from reactive to preventative support.

2. Quantifying the **outputs and activities**: for example, the total number of individuals benefiting from the Family Hubs, their socio-demographic characteristics (to assess **equality**) and the types of activities that they have benefited from.

3. Calculating the **cost efficiency** of each site by comparing inputs to outputs/activity measures. This gives the average unit cost of supporting beneficiaries of the Family Hubs, which can be compared across the Hubs and against the counterfactual situation. This would be **supplemented with evidence from the process evaluation to** provide reasons for cost efficiency and variation across the Family Hubs in Doncaster, and to the counterfactual situations.

4. The VFM assessment will attempt to **assess the outcomes and net additional impacts of the Family Hubs** as comprehensively as possible. This will draw on evidence from work packages 1 and 2, and use both quantitative and qualitative evidence to produce an assessment of the contribution to net additional outcomes i.e. outcomes above what would not have happened in the absence of the Family Hubs in Doncaster, taking into account the complex nature of the systems, interventions and outcomes discussed earlier in this section.

5. Where possible – primarily for outcomes which can be quantified – we will calculate the **effectiveness** (rate of outcomes to outputs) and **cost effectiveness** (rate of outcomes to inputs) of each site in delivering outcomes. **Evidence from process evaluation** would be used to contextualise why given factors affect effectiveness. This process will also **consider equity** i.e. whether the project is addressing social or economic inequalities.

6. **Valuing the net additional outcomes achieved**. We will draw on existing secondary evidence as well as new primary evidence developed for the evaluation. This will include providing the value of fiscal (e.g. NHS secondary and primary care costs, tax receipts and reduced benefit expenditure), financial (e.g. increased income for participants) and social (e.g. wellbeing valuation and Quality Adjusted Life Years (QALY)) impacts.

7. Comparing monetised costs (from 1 above) to monetised net additional outcomes (from 6 above) to calculate the **return on investment** for The Family Hubs. Our analysis will include assessment of to whom costs, savings and benefits will fall. **Process evaluation evidence** will be used to contextualise these savings.

8. **Sensitivity analysis** of the return on investment on different groups e.g., socio-economic groups or delivery modes will be undertaken. This will establish whether interventions have the same impact if they are run in different areas with different populations. **This will complement the process evaluation**.

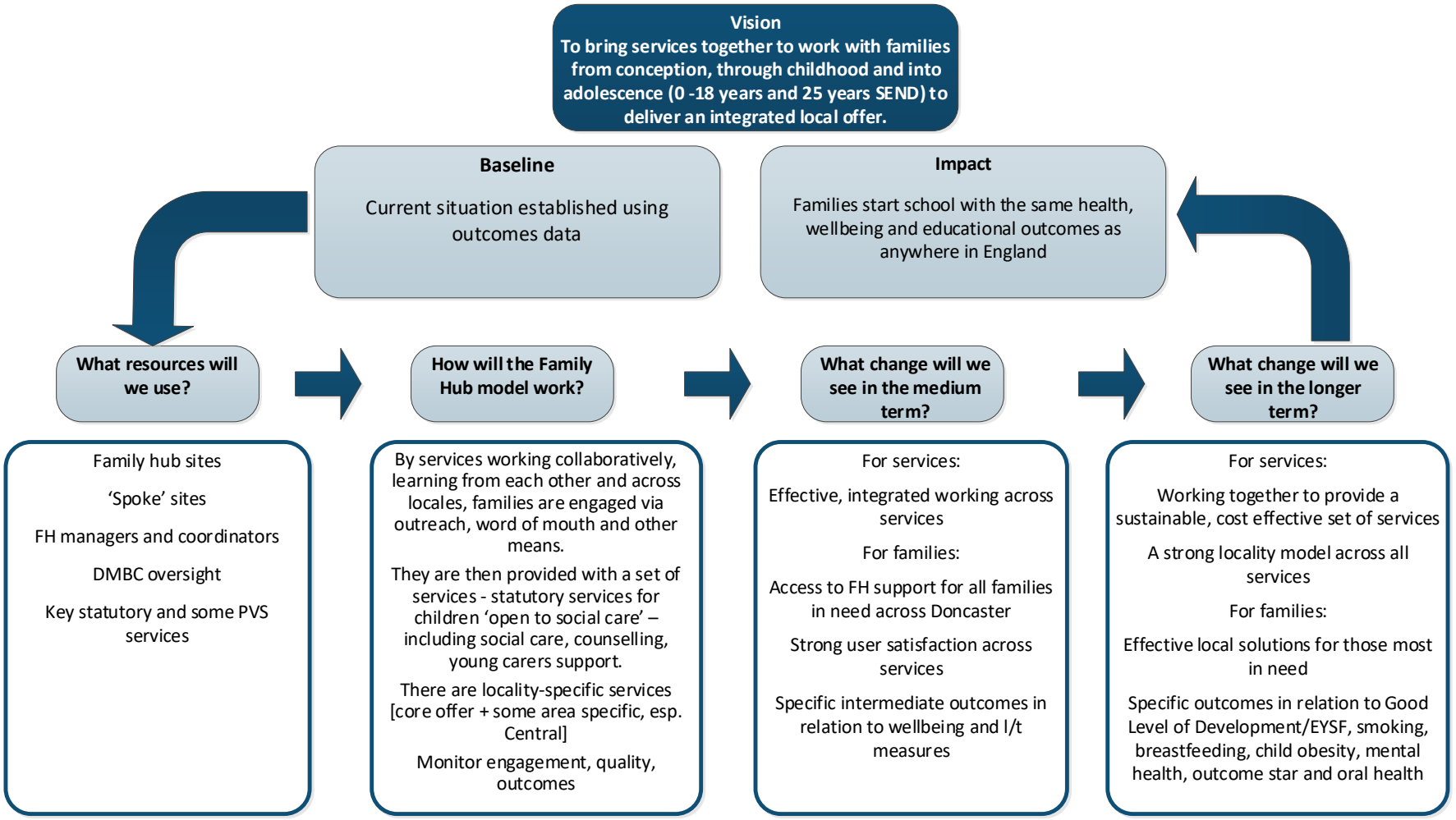
Individual LA Theory of Change

Theory of Change (Figure 1): The theory of change has been developed through conversations with the DMBC FH team, two theory of change workshops and an outcomes discussion (see Appendix 1) for the Family Hubs. The current iteration is below. The original logic model and further explanatory detail are included in Appendix 1.

Key Milestones

Date	Focus
October 2021	Submit Revised Evaluation Plan, begin evaluation
January 2022	Complete Phase 1 fieldwork and analysis
May 2022	Undertake user survey
June 2022	Agree the Interim Report
December 2022	Complete Phase 2 fieldwork and analysis
February 2023	Complete analysis (all strands)
March 2023	Agree the Final Report

Figure 1 Individual LA Theory of Change



Contextual, mediating and moderating factors

- External: Best Start for Life policy; recent EYFS reforms; Autumn spending review; national support and regard from DMBC model
- Local: stable political situation; mayoral pledge; wider re-generation; possible shifts in population post-BREXIT
- Locality: differential populations in different areas, esp Central [but all differ]
- Organisational: new locality working model (local solutions group); need to engage all services; UK GDPR data sharing issues

Appendices

Appendix 1: The Theory of Change approach

Drawing on Connell and Kubisch (1998)[10], in essence, this approach aims to follow the process as laid out in Box 1 below.

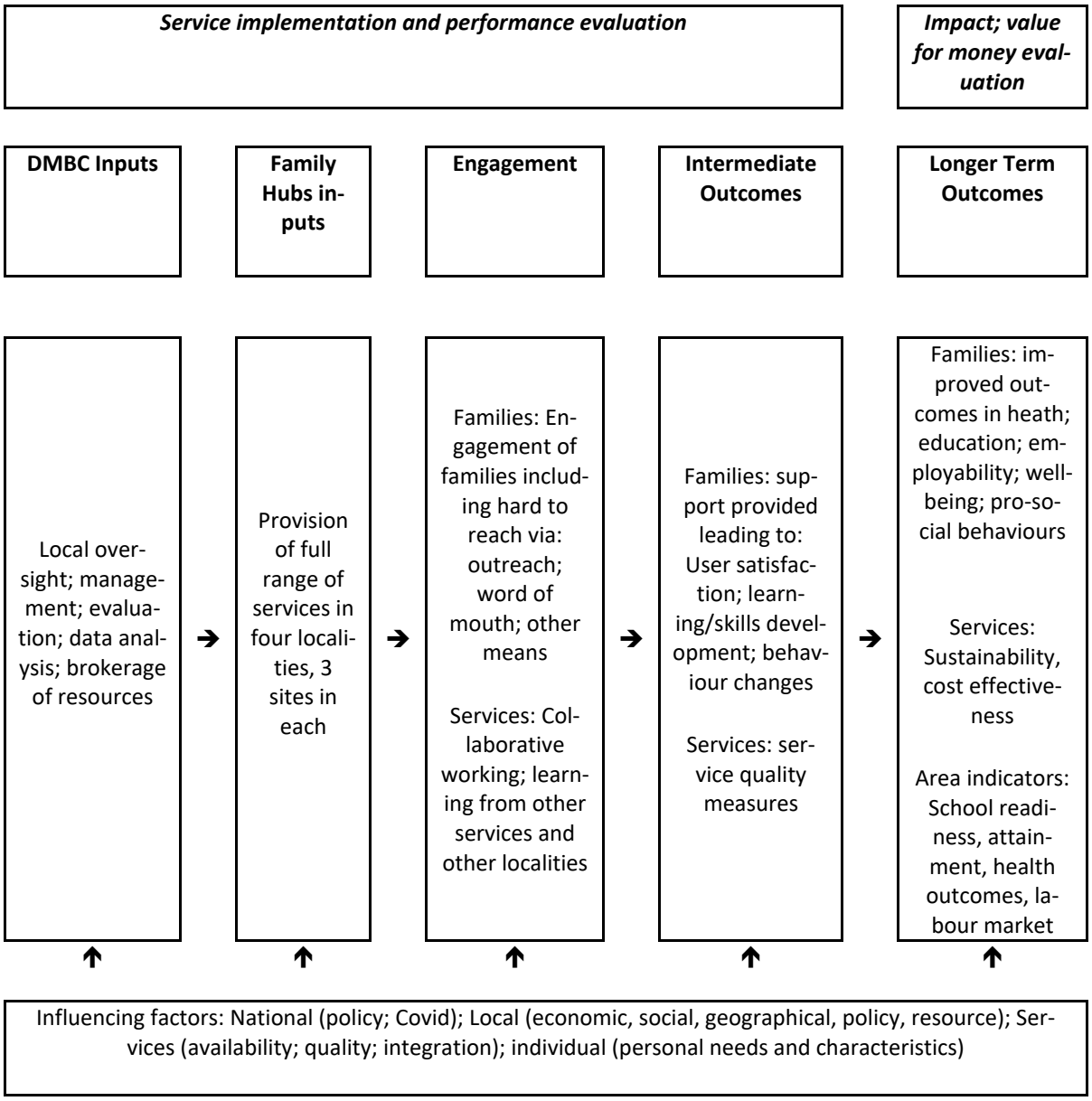
Box 1: Theory of Change Approach

1. Agree vision and end points/impacts: developing an agreed statement [or set of statements] of "where we want to be"
2. Then move on to starting points: do we have a good picture of where we are now in relation to these end points? If not, what information do we need to gather?
3. Review activities: what activities are being put in place to move from the starting point to the agreed end point? Note sequence of changes
4. Check the expected intermediate outcomes that are going to be needed along the way e.g. after six months; after a year etc.
5. Check: how will these activities lead to these outcomes? What are perceived to be the underlying mechanisms?
6. Check context: what personal, organisational, systemic factors may support or hinder the mechanisms by which the activities will lead to positive change?

As indicated in Box 1, the TOC approaches focuses on change processes, typically beginning with a focus on end point outcomes, turning then to consideration of the current position and then working out the changes that are needed to occur for the changes to occur (in the particular context of the initiative). It is at this point that the activities and change programme(s) that might be used to achieve these changes comes into play: these should be considered in relation to their (initially theoretical, subsequently realised) ability to help meet these aims. If the activities do not meet the aims set, then they need to be modified or abandoned and replaced, to enable the medium and longer term goals of the initiative to be met: it is the goals that take precedence. The ToC presented above was developed from the initial Logic Model:

[10] Connell, J and Kubisch, A (1998) Applying a Theory of Change Approach to the Evaluation of Comprehensive Community Initiatives: Progress, Prospects and Problems, in K Fulbright-Anderson, A Kubisch and J Connell (eds) *New Approaches to Evaluating Community Initiatives*, vol. 2, Theory, Measurement, and Analysis. Washington, DC: Aspen Institute.

Initial outline logic model



Appendix 2: Outcomes Data; Table A2.1: Doncaster interventions and core indicators

Outcome area	Delivery	Examples of interventions	Core indicators
Health and wellbeing	Core	Early Years Groups: Baby Fun Book Chatter Book Play Let's Get Messy Let's Get Walking Breast start Nature Explorers Rising Rockets Stay and Play Jumping Tots Messy Movers Forest Schools Young Parents SEND groups Meet and Greet, New Birth calls Introduction to the Family Hub Parent Engagement Work Breastfeeding support Sensory room	*Measure access and engagement for under 4 years and target groups *Parent consultation (quarterly group evaluations) *Satisfaction Survey (annual service evaluation) *Measure social media reach and feedback *Meeting UNICEF standards in both external and internal audits *Measure number of contacts Learning journey including SEND EYSF Good Level of Development
	Delivered by partners at FH	First Friends Growing Friends Midwifery Child Health Reviews Child Health Appointments Stop Smoking Sleep clinics Sexual health clinics	

Outcome area	Delivery	Examples of interventions	Core indicators
	Signposted	*Information on EY offer provided by staff *Information on EY offer provided via social media platforms	*Measure total number of signposts carried out. *Measure total number of those receiving the above against post access and engagement. *Measure social media reach and feedback.
	Other users		*Measure access and engagement for children of relevant age *Observations of children are recorded in planning files
Employment Support & Childcare	Core	2 year funding contacts Volunteering Childcare vouchers Parent's Voice Parents' Champions	*Measure number of those eligible and those taking up funding each term *Measure number of contacts made to those not taking up a place *Volunteer evaluation *Adult tracker
	Delivered by partners at FH	*Adult Learning *Employment support (various partners)	*Adult learning evaluation *Adult tracker
	Signposted	*Information under ES provided by staff *Information on ES provided via social media platforms	*Measure total number of ES signposts carried out. *Measure number of other support agencies signposted to *Measure social media reach and feedback.
	Other users		
Supporting Family Stability	Core	Half term activities Family Support Young Carers	*Early Help Module system contains qualitative information for individual and or family

Outcome area	Delivery	Examples of interventions	Core indicators
			*Outcome Star *Measure number of open cases *Measure number of successful contacts under theme areas *Young person consultation (quarterly service offer) *Young person consultation (group evaluations)
	Delivered by partners at FH	Infant message Counselling Parenting Course Foodbanks	*Measure access and engagement of the group
	Signposted	*Information under FS provided by staff (foodbank etc.) *Information on FS provided via social media platforms	*Measure total number of FS signposts carried out. *Measure number of other support agencies signposted to *Measure social media reach and feedback.
	Other users (e.g., youth club)	*Youth groups, LGBTQ groups	*Measure access and engagement for children of relevant age
Supporting Families with Complex Needs	Core	*Support, information, guidance with identified need (not signposting) Clothing bank	*Measure number of contacts
	Delivered by partners at FH	*Family Times *Family Group Conferencing *Family Meetings (Social Care etc.)	*Measure total number of contacts carried out. *Measure partnership work
	Signposted	*Information under CN provided by staff *Information on CN	*Measure total number of CN signposts carried out. *Measure number of other support agencies signposted

Outcome area	Delivery	Examples of interventions	Core indicators
		provided via social media platforms	to *Measure social media reach and feedback.
	Other users (e.g., youth club)		

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